

Name In Full

Certificate of Death

Name In Full *James P. Calder*
 Died at *Pleasantville* *Warford* *MARYLAND*

Date 1902 *Nov* *19* Month Day Y. M. D. Age *48* Native of *Md* Occupation *Farmer*
 Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☒
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living

Husband of *Wife*

Father's Name *Lloyd Calder* Mother's Maiden Name *Sarah Poter*

Cause of Death { Primary *Suppurative Encephalitis* Immediate *Two Months* How long sick *Two Months* Accident, Suicide, Homicide

Reported by *Geo. W. Davis M.D.* *61*

Address *Pleasantville Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Bennett Charshee

Died at ^{Town} *Harv de Grace*, ^{County} *Harford*

MARYLAND

Date 1902 *11-27* Age *80-7-14* Native of *Adelphi* Occupation *Lumber*

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ Number of children living *7*

Husband of *Catherine V. Charshee*
 Wife

Father's Name *James Charshee* Mother's Name *Annie Fletcher*

Cause of Death Primary *Acute Bronchitis* How long sick *3 days*

Death Immediate *90* Accident, Suicide, Homicide

Reported by *Dr. R. W. Smith*Address *Harv de Grace Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
In Full

Mary A. Cross-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Tbalair		^{County} Harford		MARYLAND	
Date of death 1902	Month Nov.	Day 18	Age 39	Months —	Days 20
Sex Female	Color or Race White	Birth place Harford Co.			
Married, Single or Widowed Married	Occupation Housewife				
Name of Wife Husband James F. Cross					
Father's Name Michael Whaland-			Father's Birthplace Ireland-		
Mother's Maiden Name T Bridget Carroll.			Mother's Birthplace Ireland.		
Name of person giving information Mrs. Martin			How related to deceased Sister		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pernicious Anemia	How long	16 months
Immediate	Syncope	How long	1 week
Are the name, age, sex, color, date and place correctly given above? Yes-		Signature of Physician	A. F. VanBibber
		Address	Tbalair X
Accident or Suicide? No-		Ud. over	

Interment St Ignatius
Hickory

My Dear Son

Name In Full

Certificate of Death

Died at

Date 1902

~~Male~~

Female

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Sarah. L. Curtis

Town

County

Shat Lane

Hayford

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

11 24

Age

60 - -

Hayford

Housework

~~White~~~~Married~~

Widow

~~Divorced~~

Colored

Single

~~Widow~~

Number of children living

2

Wife

Father's

Name

Mother's

Maiden Name

Gabriel Garrison

Mary Dallum

Primary

Phthisis

Immediate

Exhaustion

How long sick

2 years -

~~Accident, Suicide, Homicide~~

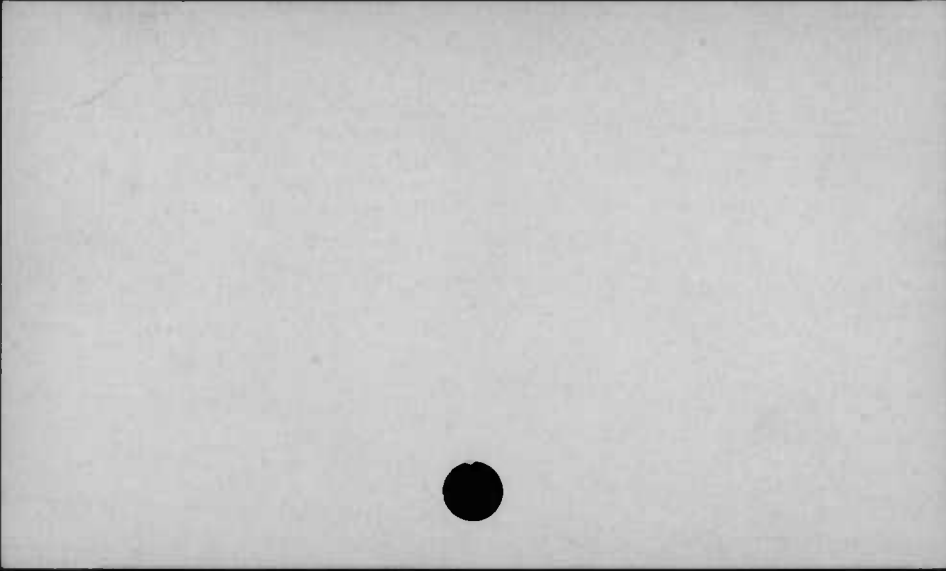
Reported by

Chas. H. Kute M.D.

Address

Abundum Md.

LIBRARY BUREAU, 79898



Emeline Davis
 Town County

Died at *Hanede Grace Harford* MARYLAND

Date 1902 *Nov. 16* Y. *43* M. *1* D. *3* Native of *Hanede Grace* Occupation
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single ~~Widower~~ Number of children living *1*

Husband of *Perry Davis*
 Wife

Father's Name *Geo. Tolson* Mother's Maiden Name

Cause of Death { Primary Immediate *Paralysis, a toxin* How long sick *66*
 Accident, Suicide, Homicide

Reported by *A. L. Crothers*

Address *Hanede Grace Harford*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Chas. Franklin Suto
 Town County

MARYLAND

Died at *Janettville* *Harford*
 Month Day Y. M. D. Native of Occupation
 Date 19*02* *Mar* *23* Age *36.1.23* *Janettville Md.* *Farmer*
 Male White Married Widow Divorced
~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of
 Wife

Father's Name *Samuel Suto* Mother's Maiden Name *Louisa Carnie*

Cause of Death { Primary *Injury sustained by fall from* How long sick
was sick Immediate *convulsion* 166 Accident, Suicide, Homicide

Reported by *Marlin L. Jarrett MS*

Address *Janettville Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Birtha Elvora Hall

Town

County

Died at Aberdeen

Harford

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	Nov	29					

Date 1902

Nov 29

Age

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name John Hall

Mother's Maiden Name

Mary Hall

Cause of Primary

Primary

Death Immediate

Immediate

How long sick

3 weeks

Accident, Suicide, Homicide

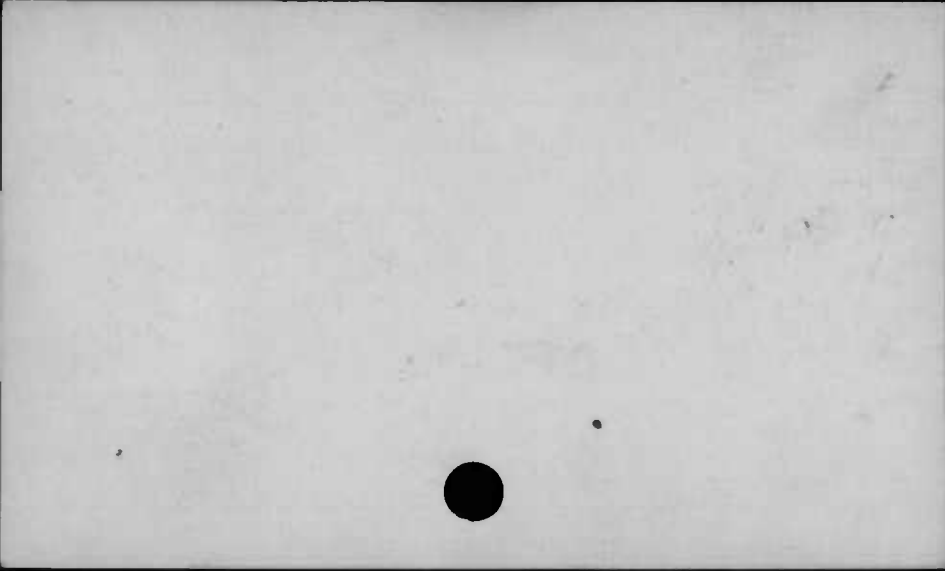
Reported by

Halehu

Address

A. 1078 -
Sub Bldg

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Johanna M. Hamland
 Town County

Died at

Van Bibber

Harford

MARYLAND

Date 19

02

Month

Day

11 26

Y.

M.

D.

Age

29 --

Native of

Occupation

Housewife

~~Male~~

White

Married

~~Widow~~

~~Divorced~~

Female

~~Colored~~

~~Single~~

~~Widower~~

Number of children living

Husband

of

Wm Hamland

Father's

Name

Timothy

Mother's

Maiden Name

Margaret

Cause of

Primary

Consumption

How long sick

8 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

H. K. Mcbarnes Undertaker

Address

Abingdon Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73298



Name In Full

Certificate of Death

Name In Full *Hannah Harris*Died at *Prigman* Town *Harford* County MARYLANDDate 1902 Month *11* Day *18* Y. *55* M. *55* D. *55* Native of *Md* OccupationMale ~~White~~ Married ~~Widow~~ ~~Divorced~~
Female Colored ~~Single~~ ~~Widower~~ Number of children living *1*Husband of *Wm. Ruggles*
WifeFather's Name *Wm. Ruggles* Mother's Maiden Name *Hannah Ruggles*Cause of Death { Primary *Cancer* 45 How long sick *1 yr.*
Immediate *Govl. Annuity* ~~Accident, Suicide, Homicide~~Reported by *J. H. Otis*Address *Prigman Md.* X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

John E. Holland

Town

County

Died at

Perryman Harford

MARYLAND

Date 1907

Month

Day

Y.

M.

D.

Native of

Occupation

11

15

Age

30

Labourer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Alex Holland

Mary E. York

Cause of

Primary

Shot -

How long sick

Death

Immediate

Harrowing

~~Accident~~ Homicide

Reported by

Address

R. B. Chapman
Perryman Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888



Name In Full

Certificate of Death

William W. Hoopes.

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

Age

Pa

Farm wife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

3

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full *Aunie Howard*
 Died at *Rulledge* Town *Harford* County *MARYLAND*
 Date 19*02* *Nov 23* Month *Nov* Day *23* Y. *80* M. *Wid* D. *Wid* Native of *Wid* Occupation
 Female *Wid* Married *Wid* Widow *Wid* Divorced *Wid* Number of children living *None*

Husband of *Nelson Howard*
 Wife *Nelson Howard*
 Father's Name *Hector Bosley* Mother's Maiden Name *Malinda Bosley*
 Cause of Death *Age* Primary *66* How long sick *Two weeks*
 Immediate *Paralysis* *Accident, Suicide, Homicide*

Reported by *Wm R. Smith M.D.*

Address *Amesville Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Infant Hughes
 Town Cardibb County Harford MARYLAND

Died at
 Date 1902 11 1 Y. M. D. 1 Native of Harford Occupation —
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Ed. M. Hughes Mother's Maiden Name 150

Cause of Death { Primary Immediate Water on Brain How long sick Accident, Suicide, Homicide

Reported by

Address

Reported by E. Warren Bannister
 Address Dellen Pa X
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mrs. J. Hayden Jones

Died at ^{Town} Pylesville ^{County} Harford

MARYLAND

Date 1902 ^{Month} Nov ^{Day} 20 Age ^{Y.} ^{M.} ^{D.} ^{Native of} Maryland ^{Occupation} Housewife

~~Male~~ White Married ~~Widow~~ Divorced ~~Female~~ Colored Single ~~Widower~~ Number of children living One

Husband of J. Hayden Jones

Wife

Father's Name Duran

Mother's Maiden Name 27

Cause of Death { Primary Immediate Phthisis Pulmonalis

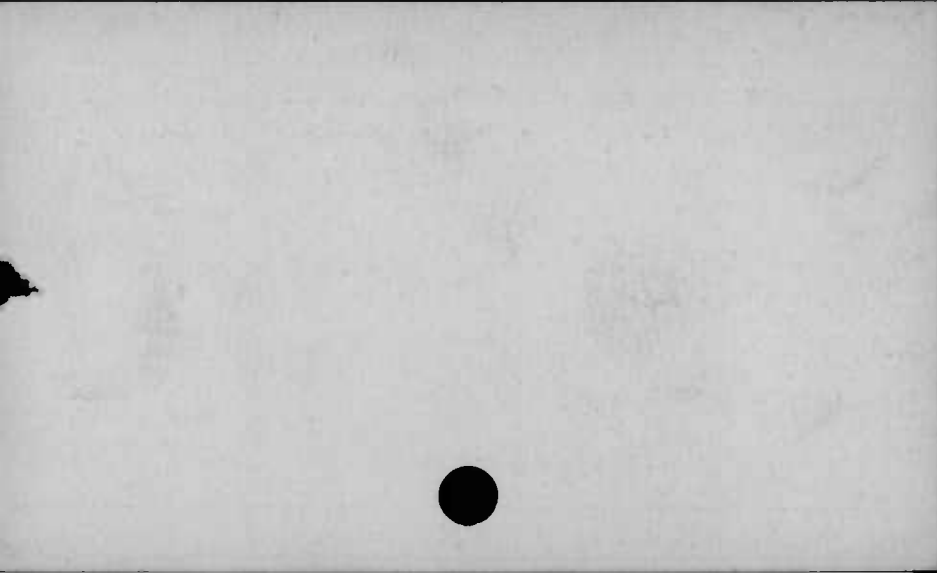
How long sick 1 yr

Accident, Suicide, Homicide

Reported by R. Warren Ramsay

Address Delta Pa

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

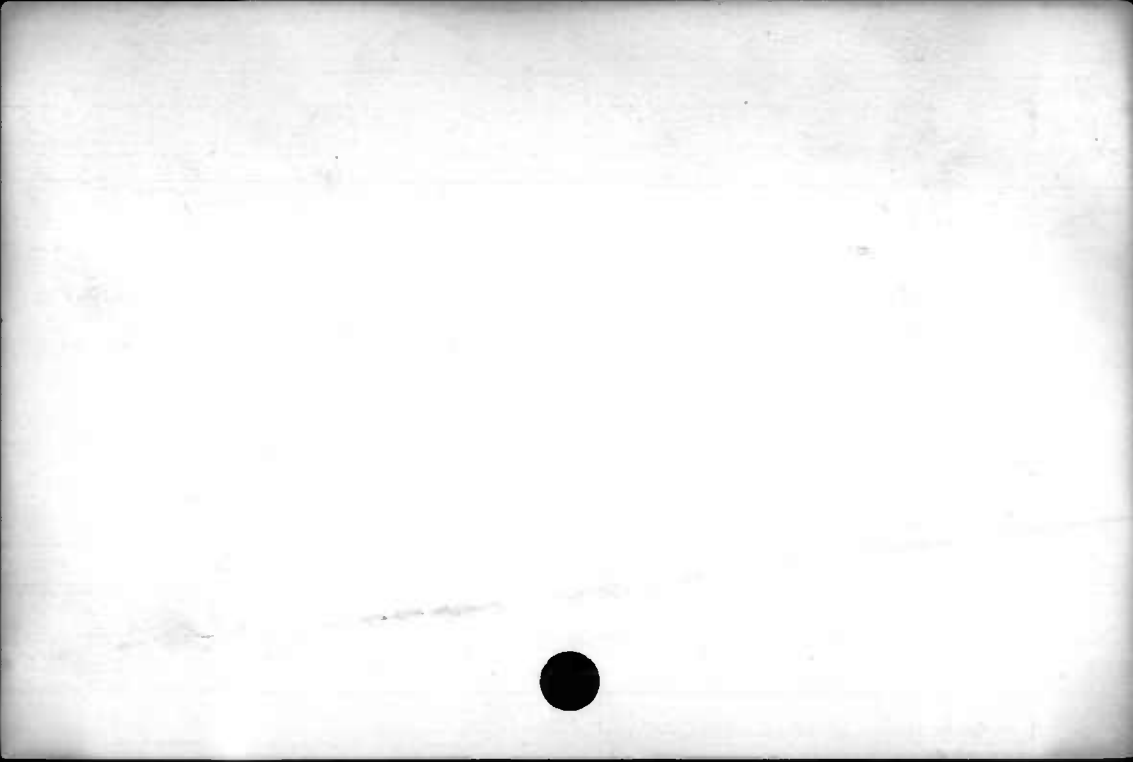
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Towhanktown</i> ^{Town}		<i>Neatford</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	<i>Nov</i> ^{Month}	<i>30</i> ^{Day}	<i>68</i> ^{Years}	<i>68</i> ^{Months}	<i>68</i> ^{Days}
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland.</i>		
Married, Single or Widowed <i>Widowed</i>			Occupation <i>Blacksmith</i>		
Name of Wife or Husband <i>Alice McComas.</i>					
Father's Name <i>Alexandria</i>			Father's Birthplace		
Mother's Maiden Name <i>Mary Shurt</i>			Mother's Birthplace		
Name of person giving information <i>C. H. Pyle</i>			How related to deceased <i>Bro in Law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright disease</i>	How long <i>120</i>
Immediate <i>Heart failure</i>	How long <i>one week.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Estel Richadsone</i>
	Address <i>Belair, Md</i>
Accident or Suicide?	



Thomas Mc. Kenney

Town

County

Died at

Bagley

Harford

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

11

3

Age

66

Ireland

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband of

Wife

Annie Mc. Kenney

Father's

Mother's

Name

Dennis Mc. Kenney

Maiden Name

Margaret King

Cause of

Primary

Severe debility

How long sick

3 Days

Death

Immediate

Heart Failure

~~Accident, Suicide, Homicide~~

Reported by

Chas. E. Homberger

134

Address

Benson

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 1902

Male

Husband
of
WifeFather's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Joseph L. Mitchell

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

11

12

Age

80

Married

Widow

Divorced

Farmer

~~Female~~

White

~~Colored~~~~Single~~

Widower

Number of children living

1

Mother's

Maiden Name

Not Known

Not Known

Primary

Immediate

Old age
Paralysis

How long sick

2 Days

Accident, Suicide, Homicide

G. B. Osborn Esq.

154
G. B. Osborn & Sons
Undertakers

Mechanicville



Mary C. Robinson

Town

County

Died at

Bel Air

Harford

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Nov 17

Age

70

Md

None

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

two

Husband
of

Wife

Father's

Name

Cause of

Death

Primary

Immediate

Mother's

Maiden Name

Samuel S. Robinson 27

Carvill Piff

Mary Wheeler

Pulmonary Tuberculosis

Hemorrhage from lungs

How long sick

six wks.

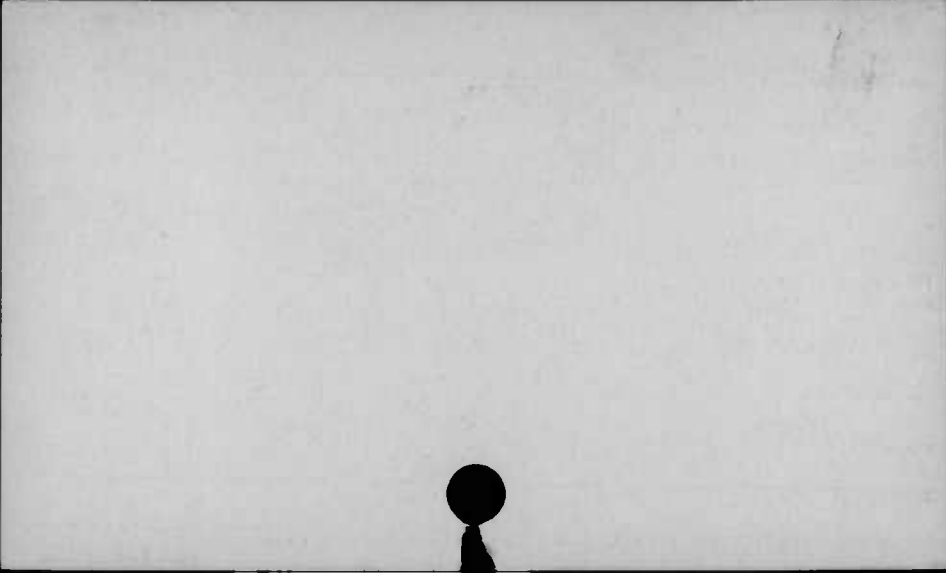
Accident, Suicide, Homicide

Reported by

Address

William S. Archer
Bel Air Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

George Sheridan

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Age 53

Md

Farmer

Male

White

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

0

Husband

of

Wife

Kate Sheridan

Father's

Mother's

Name

Maiden Name

Asbury Sheridan

Mary Carroe

Cause of

Primary

Death

Immediate

Apoplexy

64

How long sick

~~Accident, Suicide, Homicide~~

Reported by

J. L. Hopkins

M.D.

Address

House of Grace

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Charles Smith

CERTIFICATE OF DEATH

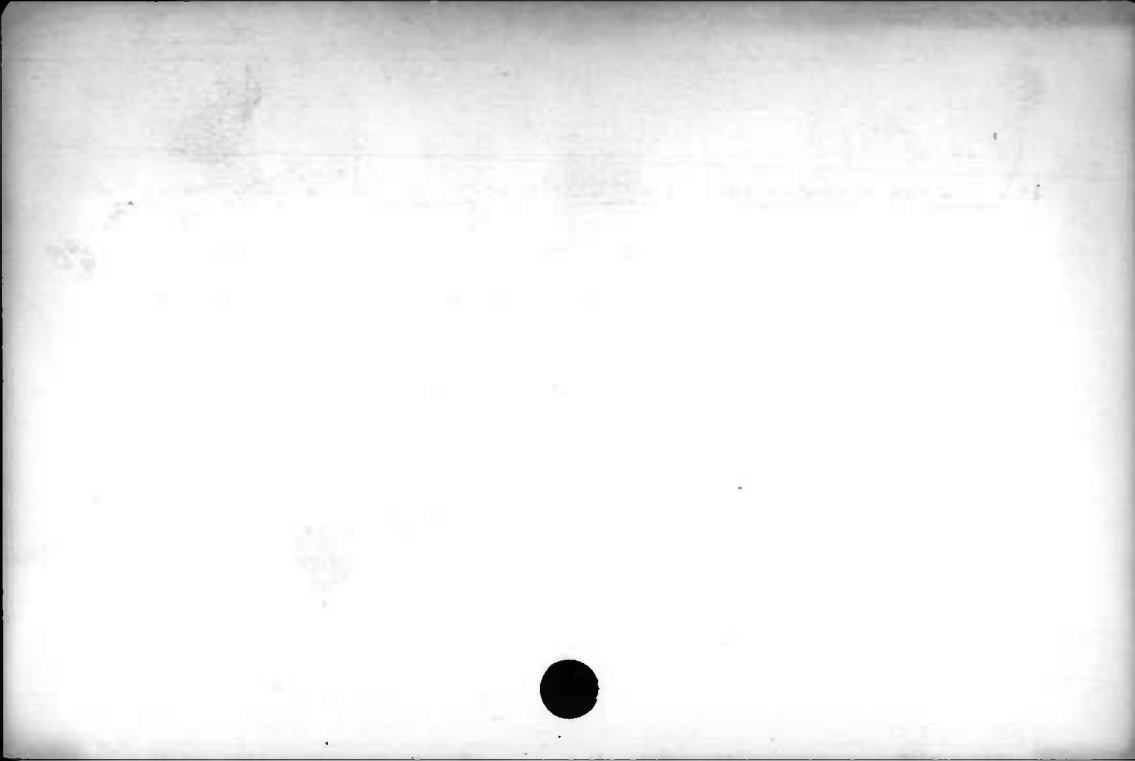
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Hatfield,</i>		^{County} <i>Hampden</i>		MARYLAND	
Date of death 190	<i>2</i>	Month <i>Nov</i>	Day <i>16</i>	Age <i>24</i>	Months <i>24</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Hampden Co.</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Farmer.</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>James Smith</i>			Father's Birthplace <i>Bald, M.</i>		
Mother's Maiden Name <i>Catherine Bradley</i>			Mother's Birthplace <i>Hampden Co.</i>		
Name of person giving information <i>Edna Richardson</i>			How related to deceased <i>niece</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>4 weeks.</i>
Immediate <i>Debility</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edna Richardson</i>
	Address <i>Bald, M. D.</i>
Accident or Suicide? <i>—</i>	



Name in Full

Certificate of Death

Margaret
 Mrs Thomas Sullivan

Died at Town *Van Bibber* County *Harford* **MARYLAND**

Date *1902 Nov. 4* Month *Nov.* Day *4* Y. *69* M. *1* D. *10* Native of *Ireland* Occupation *Housewife*
~~Male~~ White ~~Married~~ Widow ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ Widower Number of children living *2 if*

Husband of *Thomas P Sullivan*
 Wife

Father's Name Mother's Name *99*

Cause of Primary *Pulmonary Abscesses* How long sick *Two months*
Death Immediate *Shock & Senility* Accident, Suicide, Homicide

Reported by *Richard R W. O'Hara*

Address *Abingdon.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65008

11/10/1914

Dear Sir,

I have

the honor

to acknowledge

the receipt

of your letter

of the 10th

inst. in relation to the matter of the

purchase of the land for the purpose of

the construction of the road.

I am, Sir, very respectfully,

Yours very truly,



Name in Full

Certificate of Death

Mrs Christina Wagner

Town

County

Died at *Upper Roads*

Harford

MARYLAND

Date 19 *02* *Nov* *7*

Month Day

Y. M. D.

Native of

Occupation

Age *79*

Married

Widow

M. d.

Housewife

Male

White

Single

Widower

Divorced

Female

Colored

Single

Widower

Number of children living

Eight

~~Husband~~ of

Wife

Father's

Name

Phillips Wagner

Mother's

Maiden Name

Cause of

Primary

Cancer

Death

Immediate

Exhaustion

45

How long sick

3 years

Accident, Suicide, Homicide

Reported by

Martin L Jarrett M.D.

Address

Jarrettville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

md

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Samuel Haleborn

Town

County

MARYLAND

Died at

Swan Creek

Harford

Date 1917

Month

Day

Y.

M.

D.

Native of

Occupation

Nov

2

Age

62

Me

Labourer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Not Given

Husband

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Ecthinosis

How long sick

Death

Immediate

106

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

